

TELECOPIER COVER SHEET**RECEIVED
CENTRAL FAX CENTER****APR 12 2006****April 12, 2006**

To: Assistant Commissioner for Patents	From: Estella Pineiro Patent Administrator 818-493-2251
Attention: TECHNOLOGY CENTER 3700 Examiner: Jessica L. Reidel Art Unit: 3766	ST. JUDE MEDICAL CRMD 15900 Valley View Court Sylmar, California 91392-9221
Telecopier: 571-273-8300	Telecopier: 818/362-4795
RE: Response to Restriction Requirement App. No.: 10/761,907 ¹¹ Filed: 01/20/2004 Docket No.: A04P1004 Confirmation No.: 4324	Number of pages being sent: <u>8</u> (including cover page)

PLEASE DELIVER TO EXAMINER REIDEL, Art Unit 3762.
Thank you.

PATENT**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant:	Mark W. Kroll	Confirmation No.	4324
Serial No.:	10/761,907	Examiner:	Jessica L. Reidel
Filed:	01/20/2004	Art Unit:	3766
Docket No.:	A04P1004		
For:	SYSTEM AND METHOD OF IMPLEMENTING A PROPHYLACTIC PACER/DEFIBRILLATOR		

TRANSMITTAL LETTER, FEE AND CERTIFICATE OF MAILING

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Submitted herewith for filing are the following documents:

- ☒ Response to Restriction Requirement
☒ Transmittal Letter, Fee and Cert. of Mailing

CALCULATION OF FEES						
ITEM		NO. OF CLAIMS REMAINING AFTER AMENDMENT	NO. OF CLAIMS PREVIOUSLY PAID FOR	ADD'L CLAIMS FILED	LARGE ENTITY FEE	\$ FEE
A	TOTAL CLAIMS FEE	16	22	0	X \$ 50	\$ 0
B	INDEPENDENT CLAIMS FEE**	1	4	0	X \$200	0
C	MULTIPLE- DEPENDENT				X \$ 360	0
D	EXTENSION OF TIME FEE — 1-mon: \$120; 2-mon: \$450; 3-mon: \$1,020; 4-mon: \$1,590; 5-mon: \$2,160					0
E	ADDITIONAL FEES (i.e., Surcharge — Late Fee- Declaration; Petitions; Information Disclosure Statement; Terminal Disclaimer, etc.) Specify:					
F	TOTAL ADDITIONAL FEE** (ADD TOTALS FOR LINES A,B,C,D, and E)					\$ 0**

<input checked="" type="checkbox"/> Charge Deposit Account No. 16-0068 the amount of	\$0**	A copy of this letter is enclosed.
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PATENT

X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-0068

X Any additional filing fees required under 37 CFR 1.16.

X Any patent application processing fees under 37 CFR 1.17.

X The Commissioner is hereby authorized to charge payment of the following fees during the pendency of this application or credit any overpayment to Deposit Account No. 16-0068

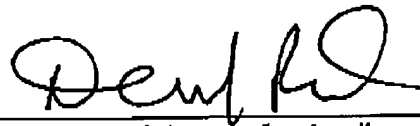
X Any patent application processing fees under 37 CFR 1.17.

X Any filing fees under 37 CFR 1.16 for presentation of extra claims.

Respectfully submitted,

Date:

4/12/06



Derrick Reed, Attorney for Applicants
Reg. No. 40,138

CUSTOMER NUMBER: 36802

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on:

April 12, 2006



Estella Pineiro

Date

4/12/06

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CENTRAL FAX CENTER **PATENT****APR 12 2006****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

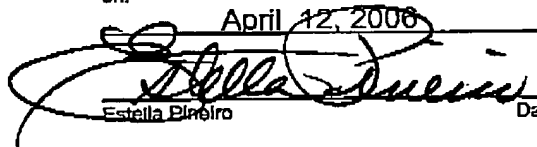
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Docket No.:	A04P1004		
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RESPONSE TO RESTRICTION REQUIREMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

I hereby certify that this correspondence is being facsimile
transmitted to the United States Patent and Trademark Office,
on:

April 12, 2006


Estella Pinheiro Date 4/12/06

Dear Sir:

In the Office Action, mailed April 3, 2006, the Examiner required restriction between four inventions, namely Invention I corresponding to claims 1-16, Invention II corresponding to claims 17-20, Invention III corresponding to claim 21, and Invention IV corresponding to claim 22. Applicant hereby elects Invention I, corresponding to claims 1-16. This election is made without traverse.

Please amend the application as follows.